



**HAWAII STATE ETHICS COMMISSION**  
1001 BISHOP STREET, ASB TOWER 970  
P.O. BOX 616, HONOLULU, HAWAII 96809  
TEL: 587-0460 FAX: 587-0470  
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STATE OF HAWAII  
STATE ETHICS COMMISSION

## LOBBYIST REGISTRATION FORM

(Type or Print Clearly)

PART I LOBBYIST			
NAME(Last)	(First)	(Middle)	TELEPHONE
SANTIAGO	ALEXANDER	C.	(808) 383-9032
MAILING ADDRESS (Street)			FAX
P.O. BOX 327			
(City)	(State)	(Zip Code)	
WAIANAE	HI	96792	
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)			TELEPHONE
MAILING ADDRESS (Street)			FAX
(City)	(State)	(Zip Code)	

PART II ORGANIZATION			
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)			TELEPHONE
HAWAII ASSOCIATION FOR MARRIAGE AND FAMILY THERAPY			(808) 371-3254
MAILING ADDRESS (Street)			FAX
C/O JEFF WAGNER P.O. BOX 628			(808) 247-7962
(City)	(State)	(Zip Code)	
KANEOHE	HI	96744	
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT			TELEPHONE
JESSICA RZESZEWSKI			(808) 247-6665
MAILING ADDRESS (Street)			FAX
46-020 ALIIKANE PL #312			
(City)	(State)	(Zip Code)	
KANEOHE	HI	96744	

**PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY**

Agriculture

Education

☒ Human ServicesScience, Technology &  
Economic DevelopmentCommunications &  
Public Utilities☒ Government Operations &  
FinanceIntergovernmental Relations,  
International Affairs

Tourism &amp; Recreation

☒ Consumer Protection &  
Commerce

Hawaiian Affairs

☒ Labor & Employment

Transportation

Culture, Arts, Historic  
Preservation☒ HealthPlanning, Land & Water  
Use ManagementOther: (indicate below)  
\_\_\_\_\_  
\_\_\_\_\_Ecology, Energy  
Environmental Protection

Housing

Public Safety &amp; Corrections

**PART IV CERTIFICATION OF LOBBYIST***I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.*

(Signature of Lobbyist)

1-12-07

(Date)

**PART V AUTHORIZATION TO LOBBY**

NAME

TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED

STEPHEN OSIECKI

HAWAII ASSOCIATION FOR MARRIAGE AND FAMILY THERAPY

PRESIDENT

NAME OF ORGANIZATION (if applicable)

TELEPHONE

HAWAII ASSOCIATION FOR MARRIAGE AND FAMILY THERAPY

(808) 371-3254

MAILING ADDRESS (Street) C/O JEFF WAGNER

FAX

P.O. BOX 628

(808) 247-7962

(City)

(State)

(Zip Code)

Kaneohe

HI

96744

*I hereby authorize the above named person to engage in lobbying activities on behalf of the undersigned.*  
(Signature of Authorizing Officer or Person Represented)1/13/07  
(Date)